End of Day Processing Guide

Patient Administration Systems and Biostatistics Activity
ATTN MCHI-IQB
1216 Stanley Road Suite 25
Fort Sam Houston Texas 78234-5053

May 2002

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End of Day Processing - SAIC D/SIDDOMS Doc. D2-APTS-5002 Extract

Sources

- SAIC D/SIDDOMS Doc. D2-APTS-5002, 22 Oct 01, p.10-38 thru 10-51, available on the CITPO Website

- Brooke Army Medical Center's End of Day Processing Best Business Practices provided by Mr. Scott Grandjean

- End of Day Policy Memorandum provided by the DQM Team at USAMEDDAC Wuerzburg

- Data Quality Management Control Program (DQMCP) Policy, signed 29 Nov 2000

- Army DQMCP Workbook

- Air Force Data Quality Improvement Guide Draft, Chapter 5

Overview

For ambulatory services, the End of Day (EOD) Processing function provides patient appointment history data for each clinic and provider. EOD processing should be completed at the end of the clinic's day when all scheduled and unscheduled patient appointments have been completed. Each appointment must be closed out as kept or cancelled **the day of the appointment**. Workload is not attributed to the clinic until the following have been resolved:

- Appointments with an appointment status of pending

- Appointments that do not have a provider assigned

Daily EOD processing is important as it reconciles all appointments with the actual workload of the clinic. All clinics must perform EOD processing daily to close out all pending appointments and ensure workload is transmitted to appropriate data repositories and other applications. This function provides a definitive measure of the actual (i.e. kept appointments and walk-ins versus the projected workload that may have included appointments eventually cancelled or not kept). These data includes, but is not limited to, the MEPRS code, the clinics, the appointments, and type/duration of the appointments, the providers that examined the patient.

In addition, this process generates the Ambulatory Data Module (ADM, formerly KG-ADS) screen so the encounter can be coded. The EOD process function is actually accomplished when the patient is checked in for their appointment, and it updates the

appointment pending status to the actual appointment status for that day (i.e. kept, no show, or cancel) and brings the appointment process to closure.

At the end of the business day, EOD processing in CHCS must be completed for **ALL** appointments in **ALL** clinics **every day**. If pending appointments and/or missing providers exist, the Delinquent End-of-Month processing report will be generated instead of the PAS Monthly Clinic Statistics Reports that are important for workload reconciliation. The Worldwide Workload Report (WWR) can be generated, but the heading of the report will indicate there are still pending appointments. Workload Assignment Module (WAM) will populate the correct Stepdown Assignment Statistic (SAS) only with visits that have an appointment status of "Kept" (including Walk-ins and Telephone Consults processed as "count" visits). So, to ensure all appointments are transmitted on the WWR and WAM, **EOD must be done daily.**

The data for completing this process is retained by the system for only seven (7) days after the appointment date. After seven days, only supervisory personnel with the appropriate security key will be able to perform End-of-Day processing. **End-of-Day processing must be fully completed before Monthly Statistical Reports can be calculated and printed.**

In addition, the status of EOD Processing is presently being tracked as a portion of the Data Quality Management Control Program. Question number B.6. of the Review List and question number 1. of the Commander's Statement reads: **In the reporting month, what percentage of clinics have complied with "End-of-Day" processing requirements, every clinic – every day?** All facilities have a requirement to respond to these questions with a percentage of clinics that are in compliance.

End of Day Process

Clerk End of Day Process

In order to conduct End of Day Processing the clerks at each clinic must access the following menu path on CHCS:

EOD - End-of-Day Processing/Editing
      Menu Path: PAS → M → CSDK → EOD

This option allows you to edit, modify, or update appointment history data including the status of daily appointments for each clinic and provider.

End-of-Day Processing/Editing updates the computer database to reflect what has really happened in the clinic and which data is reported in numerous statistical reports. Use this option to update or correct outpatient appointment history data, the status of daily appointments, and the status of any patient who was checked in manually. You may also process a past date to modify appointment status data.

The recommended process for each day is as follows.

Record the appointment status of each patient (e.g., Kept Appointment, Canceled, No-Show) either through the Individual Patient Check-In or Multiple Check-In by Default options or manually in the front desk roster.

NOTE: Patients may also be checked-in when providers enter orders for the individual patients. Refer to the *Guide for Order Entry and the Clinical Desktop*, SAIC/CHCS Doc. TC-4.5-0043, 01 Feb 1996, or the Order Entry option in the Clinical (CLN) volume of the OLUM.

Enter Walk-Ins, Sick-Calls, and Telephone-Consults as they occur throughout the day.

NOTE: The system automatically checks-in Walk-Ins, Sick-Calls, and Telephone-Consults as they are entered.

Use EOD - End-of-Day Processing/Editing option to change the appointment status for patients who were no-shows or who called the clinic to cancel their appointments.

Use MCD - Multiple Check-In by Default option to check-in all patients who were not previously checked-in.

It is highly recommended that patient check in be accomplished individually to ensure any changes to that appointment are entered immediately (e.g. change in provider, patient no-show, patient cancel, etc). Check may also be conducted using a batch process that lists all "Pending" appointments. System users typically process individual exceptions for cancelled appointments, when the patient left without being seen, or did not present for their scheduled appointment (no-show). All other appointments for the specific clinic can then be processed in batch mode as kept appointments.

After you have completed the entry/editing of data for End-of-Day Processing for a specified patient appointment/encounter, you are prompted to generate and print End-of-Day (EOD) Reports. These include the End-of-Day Processing Report and Delinquent End-of-Day Processing Report.

If appointments are pending or providers are missing for patient appointments/encounters, you may generate the Delinquent End-of-Day Report in lieu of generating the End-of-Day Processing Report, although you may still generate the End-of-Day Report.

However, if you do not change the appointment status of pending appointments or enter missing providers, the system generates the Delinquent End-of-Day Report in lieu of each of the following reports:

- Facility Cancellation Statistical Report
- Patient Cancellation Statistical Report
- Clinic Workload Report
- Command Facility Workload Recap Report
- Monthly Statistical Report
- No-Show Statistical Report.

The End-of-Day Processing Report shows the time of the appointment, patient name, FMP/SSN, appointment type, provider, date, MEPRS code, and status of the appointment(s). Additionally, if the report is being generated for a single day, the report shows a status summary with Count appointment types and Non-Count appointment types. These status summaries show totals for each status by provider with overall totals for each status type within each clinic.

If you select to update or modify only specific data elements instead of selecting all data elements, the system positions the cursor only in the selected data element fields on the Patient Appt Data screens so that you can update the data. The system bypasses all data element fields that are not selected.

If you select only specific data elements to update, entering or modifying data in those data element fields may affect data in non-selected data element fields. The automatic system actions or rules for updating non-selected data elements in response to data you have entered into selected data element fields are as follows:

If you select to update only the Appointment Date/Time, you are automatically prompted to update the MEPRS Code.

If you update the Appointment Date/Time for a Walk-In, Sick-Call, or Tel-Con patient without updating the Checked-In Date/Time, but change the appointment date/time to a different date and/or time, a message displays that the Check-In Date (Time) must be the same as the appointment date (time). The system positions the cursor in the CHECKED-IN field.

If a patient appointment was booked to an MTF outpatient clinic through the Managed Care Program (MCP) Subsystem - MCP Referral Booking option, you cannot change the Appointment Date/Time.

If you change Appointment Status for an inpatient visit to an outpatient from PENDING to any other status except CANCEL, Left Without Being Seen (LWOBS), or NO-SHOW, a prompt asks if this visit is related to the inpatient episode of care. If you answer YES, the system automatically updates the MEPRS code to the patient's Admission MEPRS code.

If you change the Appointment Status from PENDING to LWOBS, the system automatically enters LWOBS in the Outpatient Disposition data element field and you cannot change it manually.

If you change the Appointment Status of a selected appointment/encounter from PENDING to CANCEL, the system counts this as a Facility Cancellation (CANCEL-F) and reports it as such in the Facility Cancellation Statistical Report.

Inpatient Visits EOD Process

When an inpatient is seen in an outpatient clinic or on the ward for a scheduled or unscheduled visit, CHCS prompts the user: "Is this appointment RELATED to the inpatient EPISODE OF CARE?". If a consultant is seeing the patient, whether in the outpatient clinic or on the ward, when CHCS prompts the user: "Is this appointment RELATED to the inpatient EPISODE OF CARE?", the user indicates "no", which is the system default. This appointment will count as a Kept Appointment and will be reported as "count" using the consultant's "B" MEPRS Code. If the admitting/attending provider sees the patient, the user indicates the clinic visit **is** related to the inpatient EPISODE OF CARE by answering "yes" to the prompt, the appointment will be a Kept Appointment, but will be reported as "non-count" workload using the MEPRS Code under which the patient is currently admitted.

After Hours/24 Hour Clinic Process

After hours/24 hour clinics that have after hours service, i.e. emergency room, have historically presented a problem with compiling "daily" EOD processing. After hours clerks often do not have a clerk to enter CHCS data late at night, so the clerk on the morning shift completes the EOD processing for the evening shift. In order to rectify this problem it is recommended that these clinics should run their EOD reports at 0700 the following morning.
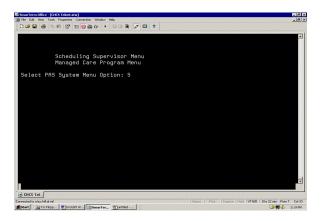
DQ Manager EOD Process

The DQ Manager or other designated individual (some facilities have the clinic chief's in this role) must monitor EOD processing for all separately defined clinics and needs to be responsible for ensuring that clinics are appropriately closed out on a daily basis. The Delinquent End of Day Report must be run every day the MTF has a clinic open. The report will only print those clinics with delinquent EOD records. Every day, the MTF will track the number of clinics open. At the end of the month, total the number of clinics that were open for the month should be calculated. The MTF will also track the number of clinics that were compliant every day. At the end of the reporting month, divide the total number of clinics (numerator) that were compliant by the total number of clinics open (denominator) and seeing patients and multiply the total by 100 to obtain the percentage of clinics that completed EOD every day. Record this number on **Data Quality Management Control Program (DQMCP) Review List item B.6. and Commander's Statement item 1**.
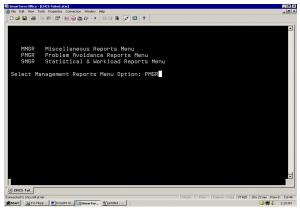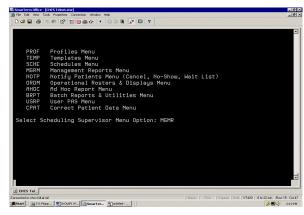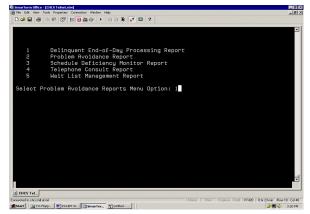
EOD Reports

There are two End of Day Processing reports that can be generated on CHCS, the End of Day Processing Report and the Delinquent EOD Report. The End of Day Processing Report prints the status of all the appointments for that day. The daily printing of this report is not required. The Delinquent EOD Report prints out all the appointments that are delinquent. Neither report can be printed to a screen or file, but will instead print to paper. The Delinquent EOD Report should be set to run daily after all clinics have completed scheduled appointments for the day, but prior to 2400 hours to pinpoint the clinics with open appointments. It is important to run this report after hours because this report may tie up the system if there are extensive, outstanding EOD delinquencies.

 EOD Delinquencies Report Example

EOD Delinquency Report Example

EOD Processing and Monitoring Recommendations

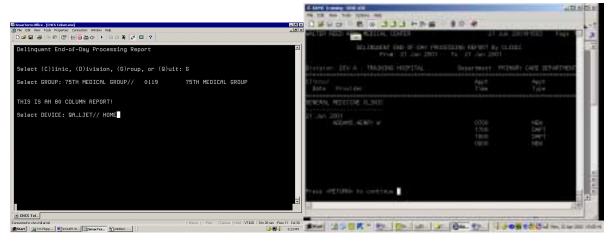There are a number of recommendations to improve daily EOD compliance. One is to develop a metrics to show clinic compliance. One spreadsheet that can be used shows the date of last delinquencies, the number of days since the last delinquency and the number delinquencies for each individual clinic (See Appendix A). A spreadsheet can be also be developed to monitor the daily status of each clinic or department's individual appointments (See Appendix A). Graphs or pie charts can be developed from these spreadsheets to illustrate which clinics have the highest number of delinquencies by month or week (See Appendix A).   These spreadsheets and graphs showing each clinic's compliance can than be sent via an e-mail message to those involved in the EOD process, to include the DCCS, Data Quality Manager, Chief, Department of Clinical Operations and department chiefs and NCOICs.

Another recommendation to decrease the number of delinquent appointments is to develop a department/service telephonic and e-mail contact lists to assist in identifying personnel in each clinic who could appropriately result the open appointments in a timely manner.

In addition if there are clinics and/or services that are continually contributing a high number of appointments to the daily reports, staff assistance visits are recommended to explain the impact of proper processing on data quality, to assist in analyzing their business practices, and to offer guidance in timely completion of the End-Of-Day process. For those clinics that are causing problems, trends can be displayed graphically for a three-month time period to monitor compliance.

Updates on the clinics' EOD processing status should be given during weekly admin staff and clinical chiefs' meetings. Staff assistance visits continue to occur in clinics with a noted high contribution rate, and totals should be reported on a monthly basis to the Commander before signing the Commander's Data Quality Statement for the previous month.

Appendix A

Example EOD Processing Monitoring Tools

Individual Statistics by Clinic Sample

Department/Clinic	Date of last Delinquent	Days since last Delinquent	Days Delinquent this month	Average Daily Visits
Behavioral Medicine				
CHILD/ADOL PSYCHOLOGY	1-Feb-02	76		
NEUROPSYCHOLOGY		>30 days		
Psychiatry	28-Jan-02	80		
Mind & Body Health Clinic		>30 days		
Neuropsychology	22-Jan-02	86		
Psychology	1-Feb-02	76		
Clinical Assistance		>30 days		
Behavioral Health		>30 days		
Dermatology				
Dermatology APV		>30 days		
Dermatology	24-Jan-02	84		
Emergency Medicine				
Emergency Medicine		>30 days		
Observation-Emergency Med		>30 days		
Acute Care	6-Jan-02	102		
Medicine				
Allergy Clinic		>30 days		
ALLERGY RESOURCE SHARING		>30 days		
Cardiac Rehabilitation		>30 days		
Cardiology APV		>30 days		
CARDIOLOGY	7-Jan-02	101		
Cath Holding Minor APV		>30 days		
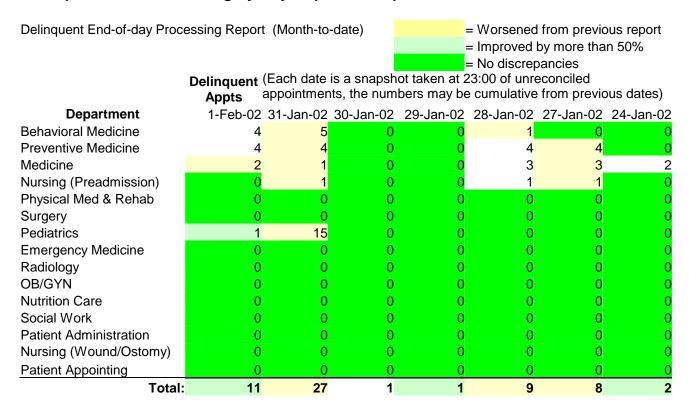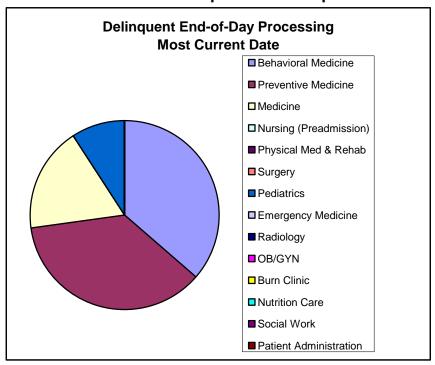
Delinquent EOD Processing by Day Report Example

Delinquent End-of-day Processing Report (Month-to-date)

	= Worsened from previous report
	= Improved by more than 50%
	= No discrepancies

(Each date is a snapshot taken at 23:00 of unreconciled appointments, the numbers may be cumulative from previous dates)

Department	Delinquent Appts						
	1-Feb-02	31-Jan-02	30-Jan-02	29-Jan-02	28-Jan-02	27-Jan-02	24-Jan-02
Behavioral Medicine	4	5	0	0	1	0	0
Preventive Medicine	4	4	0	0	4	4	0
Medicine	2	1	0	0	3	3	2
Nursing (Preadmission)	0	1	0	0	1	1	0
Physical Med & Rehab	0	0	0	0	0	0	0
Surgery	0	0	0	0	0	0	0
Pediatrics	1	15	0	0	0	0	0
Emergency Medicine	0	0	0	0	0	0	0
Radiology	0	0	0	0	0	0	0
OB/GYN	0	0	0	0	0	0	0
Nutrition Care	0	0	0	0	0	0	0
Social Work	0	0	0	0	0	0	0
Patient Administration	0	0	0	0	0	0	0
Nursing (Wound/Ostomy)	0	0	0	0	0	0	0
Patient Appointing	0	0	0	0	0	0	0
Total:	**11**	**27**	**1**	**1**	**9**	**8**	**2**

Clinics with the Most Delinquencies Example

Delinquent End-of-Day Processing
Most Current Date

Legend:
- Behavioral Medicine
- Preventive Medicine
- Medicine
- Nursing (Preadmission)
- Physical Med & Rehab
- Surgery
- Pediatrics
- Emergency Medicine
- Radiology
- OB/GYN
- Burn Clinic
- Nutrition Care
- Social Work
- Patient Administration

Previous Week Trend of Delinquent EOD Processing Report

Delinquent End of Day Processing

Total:
Patient Appointing
Nursing (Wound/Ostomy)
Patient Administration
Social Work
Nutrition Care
OB/GYN
Radiology
Emergency Medicine
Pediatrics
Surgery
Physical Med & Rehab
Nursing (Preadmission)
Medicine
Preventive Medicine
Behavioral Medicine

Appendix B

EOD Processing Policy Memorandum Example

DEPARTMENT OF THE ARMY
Example Army Medical Center
UNIT 1111
Fort Somewhere, TX 78000

MCOO-CS   30 January 2002

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Patient Appointment Scheduling Procedures - End of Day Processing

1. **PURPOSE**: The purpose of this policy is to clearly define the End-Of-Day (EOD) Processing requirements in
the Composite Health Care System Patient Appointment and Scheduling (CHCS/PAS).
Explain the responsiblities of each clinic and utimately NCOICs, OICs, and Commanders assigned at Example
Medical Center and Outlying Health Clinics. Provide guidance and expectations to personnel assigned duties in
processing and managing Patient Appointments and Scheduling.

2. **REFERENCES:**

> a. SAIC/CHCS Doc. TC-4.4-0735, CHCS MEPRS User Desk Top Guide 31 Dec 98

> b. SAIC D/SIDDOMS Doc. DS-45TD-5000, CHCS Patient Appointment and
Scheduling Pocket Reference Guide 28 Apr 97

> c. SAIC D/SIDDOMS Doc. DS-45TD-5003 CHCS Patient Appointment and Scheduling Desk Top Guide
28 Apr 97

3. APPLICABILITY: This policy applies to all clinics PAS personnel, Noncommissioned Officer In Charge
(NCOIC), Officer In Charge (OIC), and Commanders of each clinic within Example AMC and Outlying Health
Clinics.

3. **DEFINITION:**

> a. Term: **End Of Day** - At the closing hour of the clinic and at the end of hour of a shift change.

> b. Overview: For Ambulatory services, the End Of Day Processing (EOD) function provides
Patient appointment history data for each clinic and provider. EOD Processing is important as it reconciles all
appointments with the actual workload of the clinic.

> c. Function: End Of Day Processing provides a definitive measure of the actual kept appointments and walk-ins
versus the projected workload that may have included appointments eventually cancelled or not kept. The data
includes, but is not limited to the MEPRS Code, the clinics, the appointments, type/duration of the appointment, the
providers who examined the patient or completed a telephone consult.

5. RESPONSIBILITIES:

> a.   **Clinic OIC/Chiefs** are responsible to ensure all EOD processes are being completed at the

close of the clinic day to include resolution of appointments with an appointment status of Pending , and appointments that do not have a provider assigned.

      b. **Appointment Supervisors** are responsible for monitoring EOD processes daily and or at the end of a shift change (for 24 hour clinics).   Appendix A provides guidelines for creating the EOD Delinquent Processes Report.

      c. **Appointment Clerks** are responsible for completing EOD processes daily by the close of the clinic day or shift change (for 24 hours clinics). Appendix B provides the current methods identified in CHCS directives for these processes.

6. Goals: The goal of these policies are to meet and exceed the Department of the Army standards. Complete End Of Day Processes for every clinic every day. Standards are currently 95 percent or higher (Green), 85 -94 percent (Amber), 84 percent or lower (Red).

FOR THE COMMANDER:

                         //Original Signed//
2 Encl   John Smith
Appendix A (EOD Delinquent report)   1LT, MS
Appendix B (EOD processes)   Adjutant

Appendix C

Computing Percentage of Compliance Example

This is an example of computing the percentage of compliance of End Of Day Processes:

Example: Health Clinic Total Clinics are: 5
Number of Days clinics are Open for Business: 20
Number of Clinics for the month: 5*20= 100
Number of Clinics failing EODs during the month: 10
Number of Clinics in compliance w/EODs   90

**   Percentage of Clinics in compliance w/EODs *****   90% (Amber)

Note: Please be aware that every month the number of days the clinics are open vary.
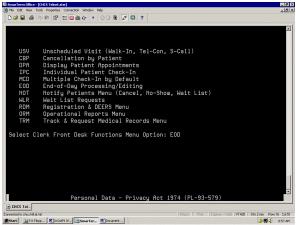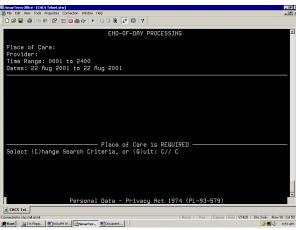
Appendix D
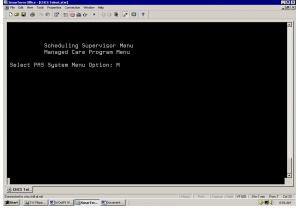
End of Day Step-by-Step Process
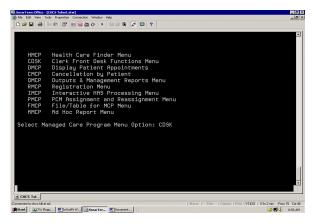
Access the EOD Process Option

The End-of-Day Processing screen displays.

1. Change the search criteria.

Select (C)hange Search Criteria, (S)earch for Appointments, or (Q)uit: C// **<Return>**

Press <Return> to accept the default to change the search criteria. A pick list of the End-of-Day Processing search criteria displays.
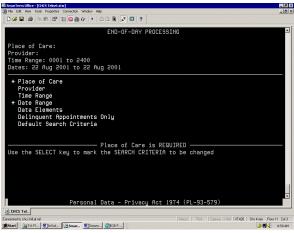

NOTE: If you have been through the (C)hange Search Criteria action during this session, the default changes to S// (Search for Appointments).

> **NOTE:** If a clinic has not yet been specified for this processing session, the Search for Appointments action does not display as a selection on the action bar.
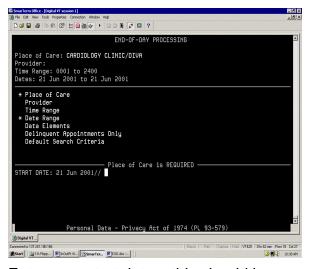>
> If the specified clinic belongs to the MCP Division, Place of Care replaces Clinic on all EOD screens.

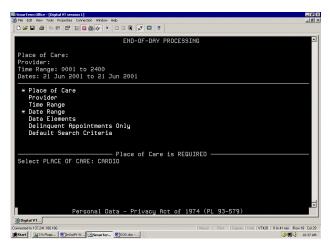2. Use the SELECT key to mark the SEARCH CRITERIA to be changed.

Use the arrow keys to position the cursor. Press <Select> and <Return> to choose the processing criteria or press **<F11>** and <Return> to select all displayed items.
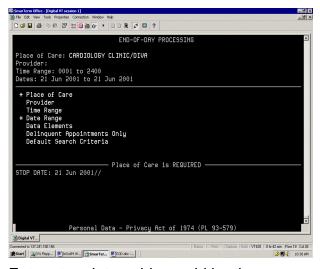

Define the parameters of your EOD process such as Place of Care for a specific date range.

Identify your place of care.

Enter your start date – this should be

Enter stop date – this would be the same

monitored daily.   as previous screen if checking daily.

NOTE: The End-of-Day Processing search criteria include clinic, provider, time range, date range, data elements, delinquent appointments only (those appointments with a pending status or missing providers) or all appointments depending on which was previously selected, and default search criteria.

If you select Delinquent Appointments Only as a search criterion, the system lists only those appointments with a pending status or missing providers. If you previously selected Delinquent Appointments Only as a search criterion, The All Appointments (instead of Delinquent Appointments Only) as a search criteria selection the next time you choose to change the search criteria during the same session.

If the Delinquent Appointments Only search criterion displays but not selected as a search parameter, the system searches for all appointments whether delinquent or not, based on the other search criteria you specified.

Input the broadest search criteria possible to identify the appointments to update. You are prompted only for the search criteria you selected, in the order of their selection.

NOTE: The following example assumes that all criteria are selected.

---

3. Enter the search criteria.

Select CLINIC:	Enter the name of the clinic and press <Return>.
Select PROVIDER: OK? YES//	Enter the name of the provider and press <Return>. Press <Return> to confirm your selection.
INCLUSIVE EARLIEST TIME: 0001//	Press <Return> to accept the default time, or enter the earliest time and press <Return>. Time is entered in 24-hour military time.
INCLUSIVE LATEST TIME:	Press <Return> to accept the default time, or enter the latest time and press <Return>. Time is entered in 24-hour military

2400//   time.

START DATE: Press <Return> to use today's date as the selected start
[CURRENT   date, or enter the start date and press <Return>.
DATE]//

STOP DATE: Press <Return> to use today's date as the selected stop
[CURRENT   date, or enter a stop date in the past and press <Return>.
DATE]//

NOTE: When changing the date criteria, use the format T-X or -X (X = number of days) or enter the complete date (day, month, year). If you only enter the day and month, the system assumes a date in the current year. The system does not search for a date in the future and prompts you to enter another date.

---

4. Select data elements to edit.

NOTE: A pick list of data elements displays if you selected data elements as search criteria or accepted the default search criteria.

Use the arrow keys to position the cursor.

Press <Select> and <Return> to choose the data element(s) for editing, or press **<F11>** and <Return> to select all displayed items, or press<Return> to exit the pick list without making a selection.

NOTE: The data elements that can be selected for editing include Appointment Status, MEPRS Code, Provider, Secondary Provider, Outpatient Disposition, Provider's Comment, Clinic, Appointment Type, Appointment Date/Time, Referred By, Appointment Comment, Reason for Appointment, Checked-In, Detail Codes, Workload Type, and Requesting Service.

NOTE: If the pick list has more items than display on the screen, to select some or all of them, press <Next Screen> and <Select> or <F11> until you have displayed and selected the desired item(s) on the entire pick list.

> **NOTE:** If you exit the data element pick list without making a selection, the system assumes you want to edit all data elements. If you selected default search criteria as a search criterion, the following prompt displays.

5. Do you want the current criteria selections to be saved as your default selection criteria? Yes//
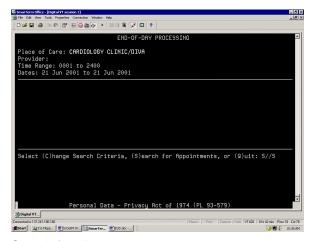
Press <Return> to accept the default, or type **NO** and press <Return> to specify not to save the currently selected parameters as the default selection criteria for subsequent end-of-day processing/editing actions during this session.

> **NOTE:** When you specify YES at this prompt, the system retains the search criteria (for example, clinic, provider) you just selected as your default selection criteria. Each time you select search criteria, these default search criteria are preselected (already displayed with an asterisk [*]). You may either use these or make changes.
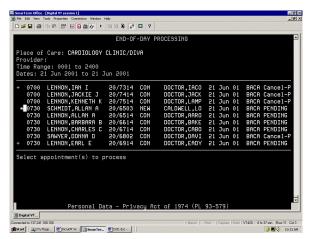>
> The selected default search criteria remain until you change or delete them. To delete them, first deselect the previously selected search criteria, then select new default search criteria and press <Return>.
>
> **NOTE:** When you specify YES at this prompt, the system retains the search criteria (for example, clinic, provider) you just selected as your default selection criteria. Each time you select search criteria, these default search criteria are preselected (already displayed with an asterisk [*]). You may either use these or make changes.
>
> The selected default search criteria remain until you change or delete them. To delete them, first deselect the previously selected search criteria, then select new default search criteria and press <Return>.

Search for all appointments to see which are completed and which are pending.

Brings up all appointments for that day. Use arrow key and "END" key to highlight the appointment you wish to alter/update.

The system searches for appointments that meet the active search criteria. The message displays: SEARCHING...

NOTE: If no appointments are found, the following prompt displays:

NO APPOINTMENTS FOR SELECTED DATE RANGE, WITHIN THE TIME SPECIFIED, ON FILE -
Select (C)HANGE SEARCH CRITERIA, OR (Q)UIT : C//

Press <Return> to change the search criteria.

The End-of-Day Processing screen displays with all appointments that meet the active search parameters.

NOTE: Only nine appointments can be displayed in the middle window at one time. If more slots exist, a plus sign (+) displays in the lower left-hand corner of the middle window. It indicates that you can see more slots by pressing the down-arrow key to scroll past the last slot displayed.

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6. Select appointment(s) to process.

Use the arrow keys to position the cursor.

Press <Select> and <Return> to choose other appointment(s) to choose the appointments, or press **<F11>** and <Return> to select all displayed items.

NOTE: If the pick list has more items than display on the screen, to select some or all of them, press <Next Screen> and <Select> or <F11> until you have displayed and selected the desired item(s) on the entire pick list.

The first Patient Appt Data screen displays for the selected patient appointment, allowing you to modify the appointment data.

In the following steps, to stop editing the data elements for the selected appointment, enter a caret (^) in any data element field on this screen. You can abort data already entered through this screen and display the second Patient Appt Data screen.

If you selected specific data elements to be modified, you can only position the cursor in those data element fields on this screen for update. The system prevents you from positioning the cursor in the non-selected data element fields.

NOTE: The following example assumes that you selected all data elements for update.

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7. Enter appointment data.

Appt Date/Time: [DATE/TIME]//	Press <Return> to accept the default or enter the desired date/time and press <Return>.
	Enter date/time in the format, dd Mmm YYYY@TTTT (Example: 22 Feb 1995@1125).
Appt Status: [STATUS]//	Press <Return> to accept the default or enter the correct appointment status and press <Return>.
	If you change the patient's appointment status to No-Show, the message displays: REMEMBER TO INFORM PATIENT USING THE NO-SHOW PROCESSING OPTION.

PRESS <RETURN> TO CONTINUE.

NOTE: If you change the patient's appointment status to cancel, or cancel the patient's appointment using the Cancellation by Facility option, CANCEL-F displays as the appointment status. If you cancel the patient's appointment using the Cancellation By Patient option, CANCEL-P displays as the appointment status displays.

IS THIS CLINIC RELATED TO THE INPATIENT EPISODE OF CARE? NO//

This prompt displays if the patient is an inpatient and you changed the appointment status from Pending to Kept.

Press <Return> to accept the default, or type **YES** and press <Return> to specify that this clinic visit is related to the inpatient episode of care.

If you specify that this clinic visit is related to the inpatient episode of care, the system updates the *MEPRS Code* field to the admitting MEPRS code for the specified inpatient and moves the cursor to the *CLINIC* field.

Clinic: [CLINIC]//

Press <Return> to accept the default or enter the name of the clinic where the clinic visit should be counted and press <Return>.

If you change the clinic, the system automatically updates the MEPRS code field with the MEPRS code stored in the Hospital Location file for the newly specified clinic. If the newly-specified clinic does not have a MEPRS code stored in the Hospital Location file, the system positions the cursor in the MEPRS code field and allows you to enter the appropriate MEPRS code for this patient encounter.

MEPRS Code: [CODE]//

Press <Return> to accept the default, or enter a new MEPRS code and press <Return>.

By changing the MEPRS code, the clinic still gets credit for the clinic visit, but the cost of the visit is reallocated to

the new MEPRS code.

Provider: [PROVIDER]// OK? YES//	Press <Return> to accept the default or enter the name of the patient's provider to whom the clinic visit should be recorded and press <Return. Press <Return> to confirm your selection.
Appt Type: [APPOINTMENT TYPE]//	Press <Return> to accept the default, or enter a new appointment type and press <Return>.
Secondary Provider: OK? YES//	Press <Return> to bypass this prompt, or enter the name of the secondary provider and press <Return>. Press <Return> to confirm your selection. The Secondary Provider does not receive credit for a clinic visit. The Secondary Provider does not have to be in the specified Clinic Profile but must be included in the Provider file.
Workload Type	If the Clinic Type field in the Clinic Profile is set to <u>Non-Count</u> for the Clinic linked to the appointment, the Workload Type field automatically defaults to Non-Count for the appointment being processed and the field is not editable. If the Clinic Type field in the Clinic Profile is set to <u>Count</u>, Workload Type field automatically defaults to the current Workload Type for the selected patient appointment record in the Patient Appointment file. You can modify the Workload Type as appropriate.

NOTE: Use the EOD - End of Day Processing option to modify the *Workload Type* field for each medical clinic appointment.

Referred by:	Press <Return> to bypass this prompt, or enter the name of the person or clinic that referred the patient and press <Return>.
Requesting Svc:	Press <Return> to bypass this prompt, or enter the requesting service and press <Return>.
Checked-In:	Press <Return> to bypass this prompt, or enter the patient's check-in time and press <Return>.
	Time is entered in 24-hour military time.
	If you changed the Appointment Date, a message prompts you to change the date: THE CHECK IN DATE MUST BE THE SAME AS THE APPOINTMENT DATE. PRESS <RETURN> TO CONTINUE.
	You can exit this field only after you have changed the date to match the Appointment Date.
Appt Detail Codes	Enter/edit up to three appointment Detail Codes.

NOTE: Use the EOD - End of Day Processing option to modify the appointment Detail Codes for each medical clinic appointment.

Reason for Appt:	Press <Return> to bypass this field or enter the reason in 3 to 75 characters of free text and press <Return>.
Appointment Comment:	Press <Return> to bypass this prompt, or update the appointment comment in 3 to 40 characters of free text and press <Return>.
Cancelled By Date/Time Cancelled	These fields are for display only, and you cannot modify them. If you cancel this patient's appointment through any appointment cancellation option or through this option, put your name and the date and time you cancelled it in these fields.

8. File/Exit   Abort   Edit
   File changes and exit.

Type **E** to edit the data on this screen.

9. Enter Outpatient Disposition data for the selected outpatient appointment on the
   second Patient Appt Data screen.

Outpatient Disposition	Enter the outpatient disposition type for this patient appointment and press <Return>.
	Outpatient disposition types that you may enter include ADMITTED TO, FULL DUTY, HOME, LEFT WITHOUT BEING SEEN (LWOBS), MODIFIED DUTY UNTIL, QUARTERS FOR 24 HOURS, QUARTERS FOR 48 HOURS, QUARTERS FOR 72 HOURS, and REFERRED TO. Two additional Outpatient Dispositions, DEAD ON ARRIVAL and EMERGENCY ROOM DEATH, are hidden from your view by the system.

The next prompts differ according to whether you entered the outpatient disposition
type as MODIFIED DUTY UNTIL, REFERRED TO, OR ADMITTED TO.

Modified Duty Until:	Enter the date on which the modified duty ends and press <Return>.
Referred To	Enter the name of the hospital location to which the patient was referred and press <Return>.
Admitted To	Enter the name of the hospital location to which the patient was admitted and press <Return>.
Provider's Comment	Enter a physician's comment for this specific outpatient appointment and press <Return>.
	This is a word-processing field and you can enter as much free text as necessary.

10. File/Exit   Abort   Edit

File the data. When you file the updated appointment data, the appointment data,
including the Workload type, are filed in the Patient Appointment file

> **NOTE:** If you selected more than one appointment, you go through the same series of Patient Appt Data screens with data element and outpatient disposition fields to update for the next selected appointment. You repeat this series of steps for all appointments selected.

The End-of-Day Processing screen displays with Search action bar for printing End-Of-Day Reports.

11. Print Delinquent End-of-Day Report or End-of-Day Processing Report.

Select (C)HANGE SEARCH CRITERIA, (S)EARCH FOR APPOINTMENTS, (P)RINT EOD REPORTS, OR (Q)UIT: P//

Press <Return> to accept the default to print. The EOD Reports screen and action bar display.

12. Select (D)ELINQUENT EOD REPORT, (E)ND-OF-DAY PROCESSING REPORT, OR (Q)UIT: D//

Press <Return> to accept the default to print the Delinquent End-of-Day Report, or type **E** and press <Return> to print the End-of-Day Processing Report.

> **NOTE:** The Delinquent EOD Report selection is only displayed on the action bar if any appointments are pending or providers are missing for any of the outpatient appointments selected. The message also displays: THERE ARE MISSING PROVIDERS AND/OR PENDING APPOINTMENTS.

> **NOTE:** If the Delinquent EOD Report selection does not display on the action bar, the End-Of-Day Processing Report selection becomes the action bar default.

Enter a device name and press <Return>. The system generates the output.

> **NOTE:** If no appointments are pending and/or providers are missing and a single day date-range has been specified, the system prints not only the End-of-Day Processing Report but also the Daily Clinic Appointment Report.

13. Select DEVICE:

Enter a device name and press <Return>. The system generates the output.